

APPLICATION NO. _____

MONTANA PETROLEUM TANK RELEASE COMPENSATION BOARD

PO Box 200902, Helena, MT 59620

APPLICATION FOR REIMBURSEMENT - THIRD PARTY

(TYPE OR PRINT)

Complete this form if you own or operate one or more petroleum storage tanks and: (a) a petroleum product has leaked or been released from a tank; and (b) you are asking the state to reimburse you for some of the costs of cleanup or third party damages. If you are requesting reimbursement for more than one release, a separate form must be submitted for each release. Partial payments can be made per release; however, additional clean-up costs will need to be submitted on a separate form.

1. Site Owner Name and Address.

Phone Number _____

2. Third Party Name and Address

Phone Number _____

3. Others to notify concerning claim.

OR

4. Check Payable To _____

Tax I.D. Number of Party Receiving Payment _____

5. Facility and Tank Information - This information is for the tank which had the leak or release.

Name of Business _____

Street Address _____

City/State/Zip _____

Facility Identification Number _____

Release Discovery Date _____ Date DHES Notified _____

DHES Leak Number _____ Type of Product Released _____

6. Detail of Expenditures. (Attach additional pages as necessary.)

Complete this section for **each** contractor/vendor that has completed work in reference to this claim. In the space provided below, briefly describe work completed by each contractor/vendor and attach itemized invoice(s) and support documentation. Proof of payment of all invoices must also be submitted (i.e. copy of canceled check, front and back). If payment will go directly to a contractor/vendor Form 5, Designation of Representative, must be completed. NOTE: At all times the owner/operator is responsible for payment of any charges associated with the release, including charges determined ineligible by the Petroleum Tank Release Compensation Board.

Name of Contractor/Vendor _____

Mailing Address _____

Contact Person: _____

Phone: () _____

Description of Work by Invoice:

DATE OF INVOICE

INVOICE #

DESCRIPTION OF WORK

Multiple invoices may be listed for any one contractor; however, if you are submitting invoices for multiple contractors, this page must be copied.

7. Requested Reimbursement Information - Enter below the total of all invoices included in this application. The Petroleum Tank Release Compensation Board will review the claim to determine that all costs claimed are actual, necessary, and reasonable, and the owner/operator is in compliance with all applicable tank laws and rules before recommending the amount of reimbursement to be received by the applicant. Maximum reimbursement which can be received per leak occurrence is \$982,500. The eligible reimbursement amount will be calculated by the Board as follows:

(a) If the total **eligible** cost of cleanup or third party damages claimed to date (including this application) is less than \$35,000 then - the total will be divided by 50% with prior reimbursements subtracted from that total, which will equal the amount of reimbursement you will receive on this application.

(b) If the total **eligible** cost of cleanup or third party damages claimed to date (including this application) exceeds \$35,000 then - \$17,500 will be subtracted from that total along with any reimbursements received, which will equal the amount of reimbursement you will receive on this application.

Total of all invoices for cleanup or third party damages claimed on this application -

\$ _____

8. Certification - This must be completed before payment can be made.

This is a request for reimbursement from the Petroleum Tank Release Cleanup Fund. It is mathematically and clerically correct; and a legal, proper, and necessary request for reimbursement. The expenses submitted are actual, necessary, and reasonable. The expenses submitted by the owner/operator or insurer were actually paid, or the expenses submitted by a contractor are for work actually completed. To the best of my knowledge and ability all information contained within this document is correct.

Signature

Date

Signature Name (Typed or Printed)

Title

Subscribed and sworn before me on this _____ day of _____ 19 _____.

Notary Public

(SEAL)

Notary Public for the State of _____
Residing at _____
My Commission Expires _____

9. Acknowledgment - This must be completed by the responsible party before payment can be made.

I hereby acknowledge that the Petroleum Tank Release Compensation Board will reimburse only those claimed costs which it determines to be actual, necessary, and reasonable. I acknowledge that I remain liable for any costs which are not reimbursed by the Petroleum Tank Release Compensation Board.

Signature of Responsible Party

Date

Signature Name (Typed or Printed)

Title

Subscribed and sworn before me on this _____ day of _____ 19 ____.

Notary Public

(SEAL)

Notary Public for the State of _____

Residing at _____

My Commission Expires _____